

TO: CALPERS

California Public Employees' Retirement System

AMENDED EMPLOYER CERTIFICATION

From Agency Code and Name

P.O. BOX 942711 SACRAMENTO, CA 94229-2711		
Member Name	Social Security Number	Retirement Date
Employee's Last Day on Payroll	Employee's Separation Date	
1 1		1
Balance of unused sick leave days		
Balance of educational leave days		
Employer Signature		Date
Title	Telenho	ne Number
Titlo	Тетерно	